6738

1. PLACE OF DEATH			(B)		
County Mout warner	1 Cour	tes	Registration Dist. No. 217		
Village or City Colney	I md.	/	No Moutgomen Chunt Bucket	Hopp	
/		(II	f death occurred in a hospital or institution, give its NAME instead of street and nustriction. ds. How long in U.S. if of foreign birth?	umber)	
Length of residence in city or town whare	deeth occurred			ds.	
2. FULL NAME I'M. WIN	dsor h	ee Bea	If U. S. Veteran, specify WAR		
(a) Residence: No. Perwo	Od Wual place	d	St., Ward. If nonresident give city or town and S	Sa.a.	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Mate	
3. SEX 4. COLOR OR RACE	S. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH		
male winte	OR DIVORCE	D (write the word)	June 29, 1937		
Se. If merried, widowad, or divorced	· Wico	are	(Month) (Dẩy)	(Teer)	
HUSBAND of (or) WIFE of	Rnown	,)	22. I HEREBY CERTIFY. That I attended d	eceesed from	
	- 1	1	Dept: 1935, to June 27	, 19.2/ ; deeth is said	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months	Days	1 If LESS then	1 253	; deeth is said	
. La . La . La .	Veys	1 dey,hrs.	to have occurred on the deta steted above, at		
8. Trede, profession, or perticular	1	ormin.	were as follows:	Date of onset	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	/		averie Beata	142	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decesed last worked et this occupation (month and			a desir dermin		
SAW MILL, BANK, etc					
- I this occupation (month and	spe	ima (yeers) nt in this	-1		
year)	1 1	upetion	Other Contributory Causes of Importance:		
12. BfRTHPLACE (city or town)	Maryla	2 .4 0		*********	
1 0 1	Beau	a octo	- auronie nidle : miphinita.		
Ξ	Mark Marie				
(State or country)	uniens	run.	Neme of operation Dete of		
	a. Thou	n b 50 U	What test confirmed diagnosis? Wes there en eu 23. If deeth was dua to axternal causes (VIDLENCE) fill in also the following:		
	Din Da	1 1001	Accident, suicide, or homicida?		
O 16, BIRTHPLACE (city or town) (State or country)			- Wh 21 L		
17. INFORMANT HOSP. re	colds.		(Specify city or town, county and State Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.	
(Address)					
18. BURIAL, CREMATION OR REMOVAL	4 + 1		Menner of Injury		
Nace Sit Aprill & Unity	July July	19.1., 193/	- Neture of injury		
19. UNDERTAKED TEORNES CO	Coms 1	ney	24. Wes diseesa or Injury In eny way related to occupetion of deceesed?	wo	
(Address) forbulls	m!	/	If so, specify		
20. FILED June 30, 1937 Co	Barnele	(A)	(Signed) Esther T. Kulin	M. D.	
0	3 44	Registrar.	(Address) Corporate	Mil	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. S. No.

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Î	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	W WIND	
	Other contributory causes of importance:	
May 1,1923	Gastroenterias TRA	1 year
**	· B.	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1, 1923 Gastroenteritis

OCCUPA.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparatif. CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 2 2 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

state

Cord. Every item of infor-PHYSICIANS should

UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be

FOR BINDING

MARGIN RESERVED

UP	1. PLACE OF DEATH			(131)	
220	County Mo	nlyom	en	Registration Dist. No. 2	18
- 1	Village or City mt	Riom	/	Noteerwood P.O. St.	Ward
0				death occurred in a hospital or institution, give its NAME instead of street and	number)
ent	Length of residence In city or town where d	eath occurred	yrsmos.	ds. How long In U.S. If of foreign birth?yrsm	osds.
em	2. FULL NAME James	Henry	100	If U. S. Veteran, specify WAR	
statem	(a) Residence: No. That	Bios	0	St., Ward.	
	DEDCOMAL AND STATIST	(Usual place of a		If nonresident give city or town and	State
Exact	PERSONAL AND STATIST! 3. SEX 4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH	
4	nale 4. COLOR OR RACE	5. SINGLE, MARRIEI OR DIVORCED (2		21. DATE OF DEATH June 24	102 7
,		Marri	ed	(Month) (Day)	(Year)
11116	5e. If married, widowed, or divorced HUSBAND of	72		22 HEREBY CERTIFY, That I attended	deceased from
classined.	(or) WIFE of Laura	10036	3	October 16, 1934, 10 June 22	
. e	6. DATE OF BIRTH (month, day, and year)	ef. 012,	1863	I last saw h. ina alive on Dune 31, 1937	
properly certificate.	7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at	
properly certificate	74 4		day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
	8. Trade, profession, or perticular	DO		were as follows.	Date of onset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Labore		Clorliti's	?
may	9. Industry or business In which work was done, as SILK MILL,	Z		Hy pertension	7
	SAW MILL, BANK, etc.	rava		Ehronic nephritis	
on on	- I this occupation (month and) -/ -	3 11. Total tima spent in	this file	Uraguia	6.7.37
erms, so that instructions o	year)	Q_ occupati	ion	Other Contributory Causes of Importance:	
so	12. BIRTHPLACE (city or town)	e georg	es co,		
200	(State or country)	11 1	ma.		
in plain terms, ant. See instru	13. NAME 14. BIRTHPLACE (city or town)	10026			
See	7 14. BIRTHPLACE (city or town)	nes gleon	res Co.,	Nama of operation Oate of	
S	(Stete of country)		" hed	What test confirmed diagnosis? Was there an	autopsy? no
n p	15. MAIDEN NAME Cloric 16. BIRTHPLACE (city or town). Prin	Bru	ce	23. If death wes due to external causes (VIOLENCE) fill in also the following	g:
EATH in primportant.	6 16. BIRTHPLACE (city or town)	es geor	ges Co,	Accident, suicide, or homicide? Date of Injury	, 19
npo	(Stete or country)		ndi	Where did injury occur?	
Z	17. INFORMANT Lawa /	Doore 1	wife)	Specify city or town, county and Sta	ACE.
OF DEATH very import	(Address) Deerwo	od OPIO.	md.		
is v	18. BURIAL, CREMATION, OR REMOVAL		27 ,33	Manner of Injury	/
	Place ML Jum Muf	Delegan	19.	Natura of Injury	/
TION	19. UNDERTAKER LOT 7/1/2	arker		24. Wes disease or injury In any wey related to occupation of deceesed?	0
O H	(Address) 19 outher	spurg	her	If so, specify	9
7	20, FILED 19.3.7.2	460	0/10-	(Signed) Setter Dewell	M. O.
	20, FILED	NET	Registrar.	(Address) Selves Ifine	a, red
	If more	blanks are needed, addre	ess State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 30-	July 5,1927	Peritonitis	3 days ago
BURFALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-	
(IV	m of	plnoy	220	IT
Company	ite	S	of	
	D. Every	SICIANS	statement	IT
	Con	PH	act	
	Į	Y.	Ex	
MARGIN RESERVED FOR BINDING	RITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-	
B	PE	d E	rly	cate.
FOR	IS A	state	prope	ON is very important. See instructions on back of certificate.
Q	HIS	pe	pe	of c
RVI	I.T.	plnc	may	ack
SE	INK	she	t it 1	on
RE	NG	AGE	tha	ons
NI.	ADI	d.	3, 80	ruct
ARC	INF	pplie	erm	inst
No.	1 1	y su	ain t	See
	WIT	full	n pl	nt.
	LY,	care	THI i	orta
0		d be	DEA	imi
1)	PL	houle	0F 1	very
	ITE	s uc	SE	SI
	~	ţ	1	C

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6741
1. PLACE OF DEATH	46.30
County Monlgomery	Registration Dist. No. 223
Village or City Jakong Jack, md	No. Suga (Noad St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50 yrsmos	ds How long In U.S. if of foreign birth?
2. FULL NAME Mary 6 lizabeth &	artwif U. S. Veteran, specify WAR
(a) Residence: No. come).	St., Ward.
(Usual Mace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rewrite the, w)rd)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed or divorced	22 CERTIEN TWINING
(or) WIFE of Green ()- Larles	1 HEREBY CERTIFY, That I attended deceased from 1837, to 13, 1937
6. DATE OF BIRTH (month, day, and year)	Hast saw help alive on frue 7 15 ,1937; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the deta stated ebova, at
53 7 , 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular	Carcinoma parereas Date of onset
kind of work dona, es SPINNER, House wife.	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	
and occupation (month and	
yeer) occupation occupation	Other Cautributary Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	
# 13. NAME Horace Haight.	
14. BIRTHPLACE (city or town)	Name of operation May 17 1937 Oate of
(Steta or country)	What test confirmed diagnosis? Was there en eutopsy? U.S.
15. MAIDEN NAME alice of Dowie	23. If deeth was dua to external causas (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town).	Accident, suicida, or homicide? Date of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Rd. Varght Md	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Their cuil: Worth Oate June 14, 1937	Nature of Injury
19. UNDERTAKER W.W. Chambus Co.	24. Was disaese or injury in any wey related to occupetion of deceased?
(Address) 1400 Chapin Wash. DC.	If so, specify
20, FILED June 13, 19.3 7 36.6. Rogers	(Signed) CVMarland M.D.
Registrar.	(Address) 1216 Sex Coulle St 1 W)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:	(A-11)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1111	
		6 1007	4

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEAT	F

1. PLACE OF DEATH	1,17,11			6742
County MONTGOMERY			Registration Dist. No.	214
Village Dr City KENSING	ron	(i)	ND. 26 Metropolitan Ave. St f death occurred in a hospital or institution, give its NAME instead of street	
Length of residence In city or town where d	eath occurred		ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Katie Bis	ys Char	ppell	If U. S. Veteran, specify WAR	
(a) Residence: No. 26 Metro				
(a) Nesidence. No.	(Usual place	of abode)	If nonresident give city or town	n and State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word) Led	21. DATE OF DEATH June 7 (Month) (Day)	, 193_ 7 (Year)
5a. If married, widowad, or divorced HUSBAND of				
(or) WIFE of Ralph H. Cha	ppell		22. IHEREBY CERTIFY, That I ette	
	ril 131	-h 1000		3.7.; daath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days	If LESS than	to have occurred on the date stated above, at 5'2502m.	, daatii is said
64 1		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance	
8 Trade profession or particular	24	ormin.	wara as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	lousewif	e e	Chronic myocardites	
9. Industry or business in which			Joseph John Marie	
work was dona, as SILK MILL, SAW MILL, BANK, etc	;		-	
1D. Data dacaasad last workad at this occupetion (month end year)	spe	ime (yaars) nt in this upation		
			Dther Coatributory Causes of importance:	
12. BIRTHPLACE (city or town)	Marylan	id	milastote Carcinoma of	
James Phil	in Biav	78	(Rich Classes)	
			Neme of operation Relical left beart Dete	of 1930
(Stata or country)	ryland		What test confirmed diagnosis? Salaratery Was then	
			23. If death was dua to extarnal causes (VIOLENCE) fill in elso the foll	
			Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town)	ryland		Where did injury occur?	
17. INFDRMANT Ralph H. Cha (Address) 26 Metrop	ppell	ÂVA	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Arlington, Va.			Menner of Injury	
19. UNDERTAKER Farner E. G. (Addrass) Silver Sh	ringl	irez.	24. Wes diseesa or injury in eny wey raleted to occupation of deceased	
20. FILED June 8, 19.37 / Me	ngaret	C. Tremea	Address Silver Sancheal	end. M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		- I WEST	

1. PLACE OF DEATH		(3)	210
County Montyomery		Registration Dist. No.	
Village or City Classy, X		No. Moutg County Juneal f death occurred in a horbital or institution, give its NAME instead of the death occurred in a horbital or institution, give its NAME instead of the death occurred in a horbital or institution, give its NAME instead of the death occurred in a horbital or institution.	THE RESERVE OF THE PARTY OF THE
	0		ds
2. FULL NAME	Conur	ay If U. S. Veteran, specify WAR	
(a) Residence: No. Durtaus	(Usual place of abode)	Ward. If nonresident give city or	10.
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF D	
	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	EATT
Female white	OR DIVORCED (write the word)	(Month) (Day)	, 193 (Year)
 If married, widowed, or divorced HUSBAND of (or) WIFE of 		22. I HEREBY CERTIFY, That	
1	me 7,1937	i last saw h alive on	
AGE Years Months	Davs if LESS than	to have occurred on the date stated above, at	, 15; Geath is said
Still land	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Impor	tance
8. Trade, profession, or particular	ormin.	were as follows:	Date of enset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		17.00	
9. Industry or business in which		Aug 11070s	
work was done, as SILK MILL, SAW MILL, BANK, etc		COME SO IM De	
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
m Care		Other Contributory Causes of Importance:	
(State or country)	mauland		
13. NAME Harry Com	mu	- Princ	
	21	N	
(State or country)	amaz	Name of operation	
- uam	Deu kine	What test confirmed diagnosis? Was	
1200	14414	23. If death was due to external causes (VIDLENCE) fill in also the	
16. BIRTHPLACE (city or town)	and and	Accident, suicide, or homicide? Date of inju	ury, 19
31 , · L 1	June 1	Where did injury occur?(Specify city or town, cour	nty and State)
(Address)	records	Specify whether injury occurred in INDUSTRY, in HDME, or in I	PUBLIC PLACE.
8. BUDIAL CREMATION, OR REMOVAL	• (Manner of injury	***************************************
Place houly Les Anh	Date XXX 7 ,1937	Nature of Injury	
A Balan	. //		
19. UNDERTAKER OF TO MANAGE	<u>-</u>	24. Was disease or injury in any value related to occupation of de	ceased?
(nuuross)	00	If so, specify	· †
20 EUED We 7 10 17. 1	1/201 -10	(Signed)	M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.-WRITE PL

ż

PHYSICIANS should state CORD. Every item of infor-

> stated EXACTLY. properly classified.

H UNFADING INK-THIS IS A PERMANEN

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

FOR BINDING

MARGIN RESERVED

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		De Mile Resident	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	-------------------	----	-----------

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH		95:8	
	County Montgemery		Registration Dist. No. 223	}
HHT	Village or City	Park	No. Washington Sanitarium + Nosp. St., f death occurred in a hospital originativition, give its NAME instead of street and au	Ward
	Langth of residence in city or town where c		sds. How long in U.S. if of foreign birth?yrsmos.	
	2. FULL NAME Mrs. Je	A	St, Ward. Ta Name Park Vad	/
	MILES STAGE	(Usual place of abode)	If nonresident give city or town and St	ate
-	PERSONAL AND STATIST	1	MEDICAL CERTIFICATE OF DEATH	
1	Hemale White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 30 (Month) (Day)	93 3 7 (Yaar)
5a	. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Cre	sth waithe	22. HEREBY CERTIFY, That I attended da	
a 6.	DATE OF BIRTH (month, day, and year)	thril 6.1859	I last saw healiva on	
7.	AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 3	2
6. 7.	78 2	5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
TION	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	None	- Court of humahan	Date of onset
P CK	9. Industry or business in which work was done as SILK MILL	Wone	with the head design	
o OCO	10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	The second secon	
instructions HER 12	2. BIRTHPLACE (city or town) Brook (State or country)	(17", n. y	Other Contributory Causes of Importance:	ul1
nstr ER	13. NAME Goseph A.	Hendley		A. and
See I	14. BIRTHPLACE (city or town)	York City nig	Name of operation Date of	
int.	15. MAIDEN NAME COLLAR	ette Lanton	What test confirmed diagnosis? Was there an au' 23. If death was due to external causes (VIOL ENCE) fill in also the following:	Opsy?
MOTHE	16. BIRTHPLACE (city or town)	don, longland	Accident, suicide, or homicide? Date of injury	
Mi la	(Address) Tox	intarium Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
SI .	B. BURIAL, CREMATION, OR REMOVAL Place Sleum of Cent, cross	J. D. Quely 1 ,1935	Mannar of Injury	
NOIT	UNDERTAKER JOHN R. W.	right	24. Was disease or injury in any way related to occupation of decaesed?	
20	(Addressy 13379-107) 0. FILED JULY 30, 19 3 7	26. E. Rogers.	(Signed) (Signed)	M. D.
-		Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulating Des No. 1. 12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Ward

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF

DEATH		(87-
Mothtromenu	Country	1

				,	2
Registration	Dist.	No.	3	/	2

	County Monggomery Count	у		Registration Dist. No.		
	Village or City Rockville		No	St		
		(If	death occurred	in a hospital or institution, give its NAME instead of street and n	umber)	
	Length of residence in city or town where death occurred	LIE mos.	ds.	How long in U.S. if of foreign birth?yrsmo	s	
2	FULL NAME Alene Elizabeth	Diggs		If U. S. Veteran, specify WAR		
	(a) Residence: No. Rochville, Ing		42	Ward,		
	(Usual place of	abode)	OL,	If nonresident give city or town and	State	
	PERSONAL AND STATISTICAL PARTIC	ULARS		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Female Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married				E OF DEATH June (Day) 19	, 193	
ōa.	If married, widowed, or divorced HUSBAND of	1190-123	00	· Han any Ganatay This was		
	(or) WIFE of Wife of Will Diggs	3	22. HEREBY CERTIFY, That I attended decease			
6. E	DATE OF BIRTH (month, day, and year) June 8.	June 12				
7. /	AGE Years Months Days	If LESS than		urred on the date stated above, at 1-1-20m. PM		
	32 0 10	1 day,hrs.	The PRINCI	IPAL CAUSE OF DEATH and related causes of importance	10.	
_	8. Trade, profession, or particular				Date	
20	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	fe	Mal	ignant Hypertension 193	37	
OFA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ne				
3	10. Date deceased last worked at this occupation (month and spent)	in this				
12.	June 1937 BIRTHPLACE (city or town) Gaithersbur	5-10	Other Contr	ributery Causes of importance:		
	(State or country) Montgomery C	_	Hyr	ertensive encephalopathy		
וא	13. NAME John Dorsey	o all o				
14. BIRTHPLACE (city or town) Riverside, Md. (State or country)				eration	utopsy	
77	15. MAIDEN NAME Dora Payne	Her well.	23. If death v	was due to external causes (VIOLENCE) fill in also the following		
5	16. BIRTHPLACE (city or town) Washington	1		sicide, or homicide? Date of injury		
Σ	(State or country) D.C.			njury occur?	,	

Mother

___ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds.

. DATE OF DEATH

I HEREBY CERTIFY. That I attended deceased from June 12 19.37, to June 1.9 1937

Date of onset

Malignant Hypertension

What test confirmed diagnosis?__

Accident, suicide, or homicide?______ Date of injury_____ 19____ Where did injury occur?_____

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDING MARGIN RESERVED statement

WRITE

CAUSE OF DEATH in plain

im portant.

LION

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR

19. UNDERTAKER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Change interestitial manhaitie	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUL 7 1937	July 5,1927	Peritonitis	3 days ago	
HUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		9 6		

Exact statement of OCCUPA.

PHYSICIANS should state CORD. Every item of inforstated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be B. WRITE PLAINLY

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		940		
County Montgomery		Registration Dist. No. 2/6		
Village or City Chevy Length of residence in city or town where dea	(1)	No. Rolingwood St St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds		
2. FULL NAME Bernard (a) Residence: No. Rolingwo	A. Donovan od St (Usual place of abode)	If U. S. Veteran, specify WAR		
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE !	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from 193 4 to 17, 19 3		
6. DATE OF BIRTH (month, day, and year) Sep	t. 15th.1883	last/say h amalive on Diland 1937; death is sain		
7. AGE Years Months 53 9	Days If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retired	Cornon Ilhamborio Date of		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1			
O 10. Dale deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other Contributary Causes of importance:		
12. BIRTHPLACE (city or town) (State or country) Washin	gton D.C.	anyone Sections		
13. NAME Daniel Donovan 14. BIRTHPLACE (city or town) (State or country) Washi	ngton D.C.	Neme of operation Dale of What test confirmed diagnosis? Was there an autopsy? 21		
15. MAIDEN NAME Katherine 16. BIRTHPLACE (city or town) (Stete or country) Washing		23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Dr L. I. Donova (Address) 7320 Wisc. AV		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Profile 1. 0000	Day fre 21, 1937	Manner of injury		
19. UNDERTAKER Payner Co. (Address) Selver S	dimplicy	24. Was disease or injury in any way related to occupation of deceased?		
20. FILEO 6 18 19 37 0	3. Collery Ma	(Signed) (Address) 7320 Dragonia Jane		
If more blo	anks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Detterbe Mit		

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 VED	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	ample I		Example II	
The principal cause of death of importance were as follow	n and related causes-	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 10 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	34 0 20	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

6750

1. F	PLACE OF DEATH		(no)		
	County Manager	ulry	(02)	Registration Dist. No. 2/6	-
	Village or City Chiny	Muse	No. 4620 Me	rgan Oniz St.	Ward
	Length of residence in city or town where	1 %	death occurred in a hospital or institu	tion rive its NAME instead of street and num	mber)
1	Marion Hour	lett & too	If U.S. Veteran spec	nane	
1 2.	(a) Residence: No. 462	0 - Morgan Drin	A. A.	Cl. M.	0
	(a) Residence: No. 462	(Usual place of abode)	St., wand.	If nonresident give city or town and S	ate
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEATH	
3. SEX	male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH		193. 7. (Year)
H	married, widowed, or divorced USBAND of	M. Eustace	22. I HEREBY	CERTIFY, That I attended de	0 0
e 6. DAT	E OF BIRTH (month, day, and year)	Dec 17 1885	I last saw ham ava on	June 12 , 19 37;	death is sald
certificate	~ ,	Days If LESS than 1 day,hrs.	to have occurred on the date state	d above, at 8 1.4.17m.	
ert	5/ 6	ormin.	were as follows:		Date of onset
Jo No	Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Tangul	Uniquecian so und	ble To amplety caused	/
11 1-1	Andustry or business in which	7	of steath and given:	Chill Falls	
pa CC	work was done, as SILK MILL, SAW MILL, BANK, etc	1	1 Denera	Visceral Failur	?
0 0 %	Date deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation 25 ms	secondary to asser	tial Lypertension.	
ions		J. Consupation	Other Contributory Causes of impo	ortance:	
12. BIR	(State or country)	7 . /	@ C . +	1 3 L. L. (2)	0
instructions HER 13	NAME James	It lusta ee	6 ssentia	1 ryperension (11)	alignen
	BIRTHPLACE (city or town)		Name of operation	none Date of	15 years
See FAT	(Stata or country)		What test confirmed diagnosis?	Clinsial Was there an aut	topsy? Da
15.	MAIDEN NAME Lycle	. Howell	23. If death was dua to axternal cau	uses (VIOLENCE) fill In also the following:	04
MOTHER 19	BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of injury	, 19
M	(State or country)	7	Where did injury occur?	(Specify city or town, county and State)	
	ORMANT MOZO MAS	weller a handhan	Specify whether Injury occurred in	n INOUSTRY, In HOME, or in PUBLIC PLAC	DE.
18. BW	RIAL, CREMATION, OR REMOVAL	b	Manner of injury		
S. IS.	Place / Vashington	Date Jun /25, 1937	Neture of injury		
NOIL 19. UN	OERTAKER The SH	Medy Day		ay related to occupation of deceased?	20
19. UN	(Address) 1901-12	MINN	If so, specify	A	
20. FII	EO 6-15-,1937 H	omad K. Pourod	(Signed) Mich	el / Milnerney	M. D.
20, 112		Registrar.	(Address) 542	Of Conn are	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1 Tackington . C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report—the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

STATE OF N	MARYLAND-	CERTIFICATE	OF	DEATH
------------	-----------	-------------	----	-------

63	100	Str-	0
Ph.		2	1
	6	13	Sul

1. PLACE OF DEATH	47-B
County Houtgometry	Registration Dist. No. 223
Village or City Done Park, MA	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME I smette P. Fard.	
(a) Residence: No. 323 Green wood we.	If U.S. Veteran epecify WAR.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 7. Married 7. Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. I married, widowed, or divorced HUSBAND of	
(or) WIFE of James a. Ford?	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1902 may 10 th	I lest saw har eilve on Itale 7 1937 deeth is said
7. AGE // Years Months Days If LESS then	to have occurred on the date stated above, atU.3.e.P.m.
Que day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (magnet) and	Larenoma Of
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) 11. Total time (years) spent in this occupation	Such
<i>V.</i>	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) West To	Chalones tities
13. NAME LEASTELL Q. Ford 14. BIRTHPLACE (city or town) DA	- Sur co cy o coco
14. BIRTHPLACE (city or town)	Neme of operation
(State or country) Villou Country	What test confirmed diagnosis?
I 15. MAIDEN NAME Jeanette Stone	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Mulquirodo W //a	Where did injury occur? (Specily city or town, county and State)
17. INFORMANT CHARGE TO LIZE ANUMENTO TO Address) To from Tours	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place fashington D. Coate June 10, 1937.	Manner of injury
19. UNDERTAKER T. W. B. Lambirs Go. (Address) 1400 Elepin St. M. M. Hall. D.	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED JULE 9, 19 57 26 & Rogers	(Signed) N. M. D. (Ardress) Tarkon D. A. D. O.
heginar.	171 UIE331 - 171 -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			12.00

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
torauchonsalin to change date of tricth Hee	Petter
aled under artin. 12/9/37.	

If so, specify

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Day)

Date of onset

S. No.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 will a thing	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS :	BY PHYSICIA	N
----------------------	---------	--------------	-------------	---

STATE OF MARYLAND—CERTIFICATE OF DEATH

M	item of infor- should state of OCCUPA.
RGIN RESERVED FOR BINDING	NFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- plied. AGE should be stated EXACTLY. PHYSICIANS should state rms, so that it may be properly classified. Exact statement of OCCUPA-
) F0	S IS state proje
IN RESERVE	NFADING INK—THIS IS A PEplied. AGE should be stated Erms, so that it may be properly
RG	NF.

See instructions on back mation should be carefully supp CAUSE OF DEATH in plain ter TION is very important. See in N. B.-WRITE PLAINLY, WITH UI

1. PLACE OF DEATH	93-0
County mout gamery	Registration Dist. No. 2.14
Village or City Silver Spring	No. 8812 Colemille serte. st ward
Length of residence in city or town where death occurred vrs. 4 mos	r death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Suise Blaindell /	illam If U. S. Veteran, specify WAR
(a) Residence: No. 8812 Colemble gate (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH
Female White Widowed	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of O. Francis Gillam	June 19 1937 to June 20 1937
6. DATE OF BIRTH (month, day, and year) Sept. 2 1869	1 last saw h alive on June 20 , 19 3.7; death is sain
7. AGE Years 67 Months Days If LESS than	to have occurred on the date stated above, at 12:10 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Coronary Thrombon 6/19/3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupetion (month end spent in this	
year) occupation	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) Champanger	Hypertension - Chrome
(State or country)	myocarditer
13. NAME Georard C. Blaisdell 14. BIRTHPLACE (city or town) Franklin	
4 14. BIRTHPLACE (city or town) — Franklin (State or country)	Name of operation Oate of
# 15. MAIDEN NAME Harriell S. Durker	What test confirmed diagnosis? Clemical Was there an eutopsy? Leg 23. If death wes due to external causes (VIOLENCE) fill in elso the following:
T 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Kentucky	Where did injury occur?
17, INFORMANT This Kallryn Reidy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Silver Issuing and	
18 BURIAL, CREMATION, OR REMOVAL 7005 Was aw Place 19.3	Manner of injury
Bellisode made a Dillion	Nature of injury
19. UNDERTAKER THE ITEMENT AND PRINCE	24. Was disease or injury in any way related to occupation of deceased?
1 05: 50 0	(Signed) Essaron Boulhead M. O.
20. FILED L. 1937 Teo Word Care Registrar.	(Address) Silver Some, and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 301 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		New York Control of the Control of t	

I plioned Dr. Dudley about the date of burial, and he said that the body was placed in a vault awaiting dishosal. He gad no further information

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPAshould jo statement FOR BINDING classified. certificate.

1. PLACE OF DEATH	(P2-61)	
County Montgomery County	Registration Dist. No. 217	
Village or City (91 mes Md.	Not onto one englosses of the spi mand death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME Benjamian Joseph Hardi. (a) Residence: No. Gail thershore Md. (Usual place of abode)	St., Ward. If nonresident give gity or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male 11) hite Single	21. DATE OF DEATH (Month) (Dey) (Yeer)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE ol	22. I HEREBY CERTIFY, That I ettended deceased from 1957, to DUNE 10, 193	
6. DATE OF BIRTH (month, day, and year) Oct 25 1935 7. AGE Years Months Days II LESS than 1 day, hrs. or hrs. or min.	to have occurred on the date stated above, at	
8 Trade profession or perticular	were as follows.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	Pulmonary Embolism 6/10/3	
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Saithersburg	Other Contributory Causes of importance:	
(State or country) Maryland	Herniotomy 6/2/	
13. NAME IN R. Benjamin Joseph Harding 14. BIRTHPLACE (city or town) (State or country) Agrayland	Name of operation Herman otoma q Dete of 6/773 What test confirmed diagnosis? Examina of your Was there an autopsy?	
15. MAIDEN NAME Miss Etel Hemp 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT 1+ 05 pital Records. (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE OSE OSE Sather Determine 13, 1937	Manner of Injury	
19. UNDERTAKER WM Reuben Punhhung	24. Wes diseese or injury in eny way related to occupation of deceased? \nD	

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No.

MARGIN RESERVED

back

See instructions

CAUSE OF DEATH in plain terms,

very important.

TION is

mation should be carefully

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6757
1. PLACE OF DEATH	(P2)
County Montgomery	Registration Dist. No. 2/8
Village or City Stewardstown, my	No. G. J. D St., Ward
	death occupied in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Wilma Lane Hay	Wins
(a) Residence: No Stewardstown mol	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sexuals Solution Sol	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Cuy 18- 1835	Hast saw h. er alive on Cefril 30, 1937; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
9 28 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, atc.	unknown-
9. Industry or business in which	Probably red tured hour
work was done, as SILK MILL, SAW MILL, BANK, etc.	alberte 13/3
O 10 Date deceased last workad at this occupation (month and year) spent in this occupation occupation	7
12. BIRTHPLACE (city or town) Montgony co	Other Contributory Causes of importance:
(State or country)	of Caller Charmed Caledon
13. NAME / Cernit P Hawking	a moderate drawburg
14. BIRTHPLACE (city or town) Montgony Co	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Monthly only	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Inouty only Co	Accident, suicide; or homicide? Date of Injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT LETTING TO CANADA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Trook Thore Dato Jun 7, 19°7	Nature of injury
19. UNDERTAKER RAJON Barb	24. Was disaase or injury in any way related to occupation of deceased?
(Address) of arthurbuy north	(Signed) 4 MB M. D.
20. FILED JUNES, 1. (19.3) USVUAU Y. C. DUTCH. Registrar.	(Address) Lathershorf for
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased bad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Disting the carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitud nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL	SPACE '	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
UDDITIONAL	DIALUE .	LOIL	T. OTC I TITLE	DIVITINITINI	12 1	THISTOIR

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 6758
County Montagnery	Registration Dist. No. 223
	No. Washington Sau + Stya D Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Ya 5/1/.	
2. FULL NAME AUCA Hopkins	If U.S. Veteran specify WAR
(a) Residence: No. / Seltswille Mod. (Usual place of abode)	St., Y. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The state of the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced	22. \
(or) WIFE of James L. Hapkins	une 23 1937 to June 25 1937
6. DATE OF BIRTH (month, day, end year) Luly 27, 1909	Hart saw h. L. alive on Jame 25, 1937; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
27 10 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
2 Trade profession or particular	Date of onset
	Jost parlieur Mampsia 4 da
9. Industry or business in which work wes done, as SILK MILL, Quen home	00
10 Date decessed last worked et this occupation (month and 120/37 spent in this year).	Juneanal production
Taxa tuilla mal	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) JORCLAMORE (State or country)	Clorence alones of
13. NAME allert Redeever	1/20 haites
14. BIRTHPLACE (city or town) Farektville mid.	Name of averation
[State or country]	Name of operation
I 15. MAIDEN NAME Lysie Tlermillia	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jarestuille Zus:	Accident, suicide, or homicide?
State or couplry)	Where did injury occur?
17. INFORMANT Sauitarium Recards (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place tosistville, M. Dato June 28, 1937.	Nature of injury
19. UNDERTAKER N. N. Chambers Co. (Address) 918 Eleveland are Riverdal! My	24. Was disease or injury in eny way related to occupation of deceased? WO
20. FILED Julio 26, 1937 JE Registrar.	(Signed) Oug K. Jatterson M. p. (Address) Parkoune Park md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		JUL 8 1937	

1. PLACE OF DEATH	THE STATE OF THE S	41.8	
County // County		Registration Dist. No. 1	b
Village or City	nasi	NoSt., death occurred in a hospital or institution, give its NAME instead of street an	Wa
Length of residance in city or town where death occurred		deal occurred the long in U.S. If of foreign birth?yrs	
	ane son		
	JUL GOIV	St. Ward. Cley Clase, M	1
(a) Residence: No. 73 - OX f OV d (Usual pla)	ce of abode)	St., Ward. Chey Chase, VI	nd State
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MA	ARRIED, WIDOWED,	21. DATE OF DEATH	
	CED (write the word)	June 24	, 193
5a. If married, widowed, or divorced			VI TINZ
(or) WIFE of MINOR S. Jan	2050N	22. I HEREBY CERTIFY, That I attende	-
7-1111010	1571	March 1 1936 , to June 24	
6. DATE OF BIRTH (month, day, and year) Feb. LL	18/6		7_; death is s
7. AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7	
6142	ormin.	were as follows:	Oate of one
8. Trade, profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A MAP	Carcinona A fung	Maria
The state of the s	m —	0 1/2	
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			193
O 10. Date deceased last worked et 11. Tota	l time (years)		
	pent in this ccupation		
12. BIRTHPLACE (city or town) Some RUIII	10	Other Contributory Causes of Importance:	12
(Stata or country)	1455	Than to me	34
13. NAME NORMAN W. BI	Nakam		
I /		Nama of operation Date of	
14. BIRTHPLACE (city or town) DEV DY (State or country)	vt.	What test confirmed diagnosis? Was there a	~
15. MAIOEN NAME EUALILE MA	PTIM	23. If death was dua to external causes (VIOLENCE) fill in also the follow	
15. MAIOEN NAME EUNILE WA 16. BIRTHPLACE (city or town) Peach av	1.2	Accident, suicide, or homicide? Data of injury	
State or country)	Vt.	Where did injury occur?	47
EUNILE TTA	V	(Specify city or town, county and S Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC	itate)
17. INFORMANT CAMBRIDGE	MA 55	openly whether injury occurred in MOOSTKI, in Nome, or in robello	TENUE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Date 0/	4 ,193	Nature of Injury	
To al Bank	-af	24. Was disaase or injury in any way related to occupation of deceased?	740
19. UNDERTAKEN (Address) 1756-Pa. Aug. 7	141) 110	If so, specify	
	Ve Wass	(Signed) U O Tourish	w M
20. FILEO 6-2 f -, 19-3 f hours	Registrar.	(Address) / 3	whole so
The state of the s			

PHYSICIANS should state

stated EXACTLY.

UNFADING INK-THIS IS A PERMANENT

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY, WIT

FOR BINDING

MARGIN RESERVED

CORD. Every item of infor-

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	2		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nation

LION

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Dategfonset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial negaritis JUL 7 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
		•		

V. S. No

ż

×

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6761
Village or City Horest & len (1)	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME gerenial McCarthyk (a) Residence: No Forest Glen, md.	elley If U. S. Veteran, specify WAR World Was St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha mord)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WHEE at 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I LESS than I of the second of the seco	22. I HEREBY CERTIFY, That I attended deceased from 1 attended deceased from 2 attended deceased from 3 attended deceased from 4 attended deceased from 2 attended deceased from 3 attended deceased from 4 attended deceased from 5 attended deceased from 5 attended deceased from 5 attended deceased from 5 attended deceased from 6 attended deceased from 6 attended deceased from 6 attended deceased from 6 attended deceased from 7 attended deceased from 8 attended deceased from 8 attended deceased from 8 attended deceased from 8 attended deceas
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	(1) Chronic Bronchief astfuna Sec. 193 (2) Chronic Myocarditis Jan. 193
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Plansing for (Stata or country)	Other Contributory Causes of Importance: July De Clema June 193
13. NAME William 13. Heller 14. BIRTHPLACE (city or town) authors (Stata or country)	Name of operation Native Date of Date of What test confirmed diagnosis? They was there an autopsy? No
15. BIRTHRI ACE (city or town)	23. If deeth was due to externel cause (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 19

(State or country

18. BURIAL CREMATION. 19. UNDERTAKER

(Addrass) Local Registrar. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed).

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Whare did Injury occur?_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by state car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
		0 8 9	
Other contributory causes of importance:		Other contributory causes of in contance:	MAG INT
Gallstones	May 1,1923	Gastroenteritis & S	1 year
		4 - 0	
		i do	

V. S. No. 1 B ż

STATE OF MARYL	AND—C	CERTIFICATE OF DEATH	6762
Village or City Oliver Mary Care Length of residence in city or town where death occurred years		Registration Dist. No. 2/7 No. R. mark - C. Secol 1 Secol 2 S	
2. FULL NAME Stillborn Balug B (a) Residence: No. (Usual place of abo	de)	St., Ward. If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and	5 hed.
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED ("write") 5a. If married, widowed, or divorced HUSBAND of	ite the word)	21. DATE OF DEATH (Month) (Oay) 22. HEREBY CERTIFY, That attended of	, 193
Stillborn 1d.	1937 If LESS than ay,hrs.	I list saw h. Since Local 19 37, to James 24 I list saw h. Since Local 19 19 19 19 19 19 19 19 19 19 19 19 19	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (y spent in ti year)	ears) his	Premature of mad.	
12. BIRTHPLACE (city or town) Clared (State or country) Carelland 13. NAME Orus 7 17 17			
13. NAME Druce 7. 17 idd 14. BIRTHPLACE (city or town). V.C. (State or country)		Name of operation	
15. MAIDEN NAME TALL Virginia S 16. BIRTHPLACE (city or town) Solution (State or country) 17. INFORMANT (Address)	mith	23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL	25,19.37	Manner of Injury	
19. UNDERTAKER & Muly # - Medal. (Address)	-	24. Was disease or Injury in any way related to occupetion of deceesed?	no

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	phy	0	7	
0	6	U	0	

1. PLACE OF DEATH		92:0	
County Morel grand	4_	Registration Dist. No. 2	11
Village or City Clarks b	Jun y	NDSt.	. Ward
tenath of residence in city or town where		death occurred in a horpital or institution, give its NAME instead of street	
40.	Im Pull	yisyis.	mosas.
2. FULL NAME Mas !	o jung		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEAT	
1. SEX 4. COLOR OR RACE Held	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193. 7
5á. If married, widowed, or divorced HUSBAND of (or) WIFE of	a Kung	22. I HEREBY CERTIFY, That I attai	nded decaasad from
6. DATE OF BIRTH (month, day, and year)	ug 28-1869	I last saw h_ana_ alive on	7.; death is sald
7. AGE Yaars Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were so follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.	arming	Genf. arteral Belevous	7430
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (months and	·····		
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town)	tg. Cer ma	Other Contributer Causes of importance:	1935
1 00 0	- Kung	11 1/	1/20/37
	1. Co. m9		
(State or country)	9	Name of operation	
5 15. MAIDEN NAME Harriell	Brewer	What test confirmed diagnosis? Was there 23. If death was due to external causas (VIOLENCE) fill In also the follo	
15. MAIDEN NAME Harrell 16. BIRTHPLACE (city or town) (Stata or country)	4. Ces mal	Accident, suicide, or homicide? Data of injury Where did injury occur?	
17. INFORMANT Oratt Ku (Addrass) Charles Viz	1 md	(Specify city or towa, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place	Date June (5, 1937	Manner of injury	
19. UNDERTAKER PAY WELL	Barber ma	24. Was disease or Injury in any way related to occupation of daceased	200
20. FILED JAME 19, 1987 77	Clary & Lews	(Signed) Who Downs (Address) Days o will	Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	(0,00)	
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1. PLACE OF I	SIAIL C		LAND—	CERTIFICATE OF DEATH	
County 722	oulson	en		Registration Dist. No.	217
Village or City_	Saudy	Sprei	eg Mo	NoS death occurred in a hospital or institution, give its NAME instead of street	t.,Ward
Length of residence	e in city or town where	death occurred	yrsmos	How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME	miss Do	rrah E.	Kirk	If U. S. Veteran, specify WAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Residence:	No. Saus	ly Sperious (Usual place of	ing M	St., Ward.	on and State
PERSONAL	AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	тн
Jemse	COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	CALLED, WIDOWED, (write the word)	21. DATE OF DEATH 23 (Month) (Dey)	, 193 7 (Yeer)
5a/f married, widowed, of HUSBAND of (or) WIFE of	or divorced	and hos		22. HEREBY CERTIFY, That I att	
		a+ 0 a	1853		3.7; death is said
7. AGE Years	Months	Ct. 20	If LESS than	to have occurred on the date stated above, at . 7 . P. m.	J.J.; death is said
83	0	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession	or particular		l ormin.	were as follows:	Date of onset
kind of work SAWYER, BO	done, as SPINNER, OKKEEPER, etc.	none		Clina, Introdula	1627
work was do				neplentes	
	st worked at in (month and		ne (years) t in this pation		
10 BIDTUDI ACE (situat	Anum			Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or (State or country)		glacel	\	(lesman)	6/18/
13. NAME R	icliard	18. K	ile		7.7.
14. BIRTHPLACE (cit	v or town)			Name of operation 70000 Date	e of
(State or cou		rylan	d	What test confirmed diagnosis? Vanuation Was the	re an autopsy?_ 226
15. MAIDEN NAME 16. BIRTHPLACE (cit	mary	W. Ha	roule	3. If death was due to external causes (VIDLENCE) fill in also the fo	
16. BIRTHPLACE (cit	y or town)	<u>.</u> .	0	Accident, suicide, or homicide? Date of injury	, 19
E (State or cou	nlry) M	rylac	ul	Where did injury occur?	100
17. INFORMANT (Address)	cuda.	70 Ku	le med	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE,
18. BURIAL, CREMATION Place	OR REMOVAL	2 Date 6/	25-,1937	Manner of injury	
19. UNDERTAKER (Address)	Jarnes,	Pen	uplasey	24. Was disease or injury in any way related to occupation of decease	ed? 723
20, FILED June	26,1937	SBarn	elen	(Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

WRITE PLA

KD. Every item of infor-YSICIANS should state

PHYSICIANS

AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

mation should be carefully supplied. AGE should be stated EXACTLY.

UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	·	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		WAR VED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenters is The Control of the C	1 year
		The state of the s	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6765
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 214
Village or City Selber Shring	No. Rote 2 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred	14 ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Henry datter	of If U. S. Veteran, specify WAR MAR
(a) Residence: No. Route # 2. S. two Survey Mrs	P. St., Ward. Houston, Juxas V
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or flown and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) , 193 / (Year)
5e. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attanded decassed from
(or) WIFE of alice Latterole	1 HEREBY CERTIFY, That I attanded decased from
6. DATE OF BIRTH (month, day, and year) Quant 28 1865	I layt sew h. aliva on Jame 16
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:10 0.m.
71 11 20 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of Importence were as follows:
8. Trede, profession, or perticular kind of work done as SPINNER	Chronic myocarditio June 193
kind of work done, es SPINNER, Minister of Gospel	arterios Cherosis Types
Work was done, as SILK MILL, The Mathodist Churce	
() 10 Date danaged last worked at 11 Total time (years)	
this occupation (month end year) - 25 years age occupation 4D	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) To leave	Other Courselory Causes of Importance.
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(Steta or country) 45 min Carocana	What tast confirmed diagnosis?
15. MAIDEN NAME Sarah Elizabeth Frazier 16. BIRTHPLACE (city or town)	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) (Stete or country)	Accidant, suicide, or homicide?
College of country)	Where did injury occur? (Specify city or town, county and State)
(Address) Li Date Sharing Mind	Spacify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREM/即時中研究所配列化	Manner of injury
Piace Houston, Texas Date June 21, 1937	Nature of injury
19. UNDERTAKER / Karner Column Juney (Addrass) Silver Spring, Meryland	24. Was disaese or injury in eny way related to occupation of deceased? 2.
	if so, specify (Signad) A A A A A A A A A A A A A A A A A A A
20. FILED June 1 6, 1937 DE, budby Aggistrar.	(Address) 928 Sligo are, Silver Jung, he
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

over)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 111 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

bein visiting at place of death Isuce may 8, 1937.	ADDITIONAL SPA	CE FOR FURTHER STATEMENTS BY PHYSICIAN
been visiting at place of death Israce may 8, 1937.	Deceased was a	resident of Honston Texas but has
The state of the s	been visiting at place	of death Some man 8, 1937.
		1

Registration Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County mortgomery

Length of residence In city or town where death occurred yes. — m 2. FULL NAME A MANUAL COMMENT OF THE PROPERTY OF THE PROPER	(If death occurred in a hospital or institution, give its NAVE instead of street and number) osds. How long in U.S. If of foreign birth!yrsmosd
(a) Residence: No. 1845 - A. St., M.: (Usual place of abode)	St.,— Managery July St.,— Managery July St.,— If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Natharing H. Cloyd.	22. I HEREBY CERTIFY, That Jettended deceased fr
6. DATE OF BIRTH (month, day, and year) 7th 197 1883	
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, et
5 4 4 5 1 dey,hr	were as follows:
Z & Trede, profession, or particular	General asternal ocleroses Datasfone
sawyer, BOOKKEEPER, etc.	acute myorardorio 4/24/
work wes done, es SILK MILL,	/ /
SAW MILL, BANK, etc	
this occupation (month and /3 -7 spent this occupation - 324	(A)
000	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	
I 13. NAME Jeny, D. Rloyd.	
14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	What test confirmed diegnosis? Past Morlein EMStheld an eutopsy? 14
IS. MAIDEN NAME LESSER POROS	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Edua. C. Darnell.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 1737. dalat St. N.N.D.	<u> </u>
Place New Today Date Sure 27.193	Manner of Injury
Place Neur 1 Sayora Date 199	/ Nature of Injury
19. UNDERTAKER WANTED WY . TYSOUS LO	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1306 - M. 51-41. W. 00. C	If so, specify
20. FILED 4-26 1937 Mrs. W.J. Trall	(Signed) WWW P. Court Man
Registrar.	(Address) Australia Province P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory auses of importance:	1 year
		The second second	

	RD	PHYS	xact sta		
MAKGIN KESEKVED FOR BINDING	-WRITE PI NLY, W H UNFADING INK-THIS IS A PERMANEN I RD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	tificate.	
VED F	THIS IS	d be st	y be pr	k of cer	
KENER	G INK-	AGE shoul	that it ma	ons on bac	
IAKGIN	UNFADIN	upplied. A	terms, so	e instructio	
)	ILY, WH	e carefully s	VTH in plain	TION is very important. See instructions on back of certificate.	
(TE PI	n should be	SE OF DEA	is very im	
7. 4	-WRI	matio	CAUS	TION	

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
----------	-----------	--------------	----	--------------

60	pay	0	404
Pa	1	Ph.	1
4.7	- 6	U	5

1. PLACE OF DEATH	
County Avontaonush	Registration Dist. No. 211
Village or City Clerey, Ind.	No. Moutgamery County Gerafal Wall & death occurred in a hospidl or institution give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME Gardner W. Fyiles	
(a) Residence: No. Hyattatown, md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /8 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of	(101)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Yak 10 1010	, 13-22
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I last saw him alive on June 12, 1937; death is said to have occurred on the date stated above, at 12mm.
19 3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows:
kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. Industry or business in which work was done as SIIK MILL	Melastale Toseen 9/11/2
9. Industry or business in which	1 1 8
	13 Degrand Premary cares
SAW MILL, BANK, etc	D Quell
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) LNOW LG . LO.	0.10-1-1-1
(State or country)	Intestina Obshude 3 6917/3
14. BIRTHPLACE (city or town) Agail to lowrs	motastases/.
14. BIRTHPLACE (city or town) Syrul to Rows	Name of operation
(State of Country) months owners	What test confirmed diagnosis? Exammatini Was there an autopsy? 20 -
15. MAIDEN NAME Ella Gray Lyles	23. If death was dua to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) And LCS Cown	Accident, suicide, or homicide? Date of injury, 19
(State or country) frontgomery,	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Calla may Lyles (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hyattstown, The Date June 2 1932	Nature of injury
19. UNDERTAKER Clarence D. Lyles (Address) Lyst totown Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Juzal 19, 1937 CSB missley Registrar	(Signed) M.D. (Address) Saudy Spring, Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1 2033	Other contributory causes of importance:	1 year
ADDITIONAL SPACE F		ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	MARTEARD		
County Mon		Registration Dist. No.	717
Village or City Education		No. St. death occurred in a hospital or institution, give its NAME instead of street	
Length of residence In city or town where dea	ith occurredyrsmos	ds. How long in U.S. If of foreign birth?yrs	mosds
2. FULL NAME + naw	n Marshal	If U. S. Veteran, specify WAR	,
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
S. SEX 4. COLOR OR RACE Black	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MIL 15-CA (Month) (Day)	, 193 (Year)
e. If married, widowed, or divorced HUSBANO of (or) WIFE of Release	marshall	1 HEREBY CERTIFY, That i atta May 15 th 1937 to may 1	nded dacaasad from
5. DATE OF BIRTH (month, day, and year)	0 23.1864	I last say h M. alive on Jane 14 - 19,	3.7. death is sai
AGE Years Months	Days If LESS than	to have occurred on the data stated abova, et 2 75 m.	
72 10	2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1 0.41
8. Trada, profession, or particular kind of work done, as SPINNER,	P O .	71 . 7 // 4.	Oate of onse
SAWYER, BOOKKEEPER, atc.	Laborer.	Chrome repareles	antra
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	farm	//	
10. Oata deceasad last worked at this occupation (month and	11. Total tima (yaers) spent in this		
year)	occupation D.	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town)		7160	6/
(State or country)	jonery Co.	Millia -	112/
13. NAME & Quach	maishall		
14. BIRTHPLACE (city or town)		Name of operation	of
(State of country)	anney co.	What test confirmed diagnosis & fammalia Awas there	e an autopsy?
15. MAIOEN NAME : Theuretta	Johnston	23. If death was due to axternal causes (VIOLENCE) fill in elso the foll	
15. MAIDEN NAME Yeure ta		Accident, sulcide, or homicide?Date of injury	19
(State or country)	re gomeny Co.	Where did injury occur?(Specify city or town, county an	d State)
17. INFORMANT Yderretta (Address) Edna	mahshalf	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLI	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	11.0	Mannar of injury	
Place MI	Oate 9/18 19.3	Nature of injury	
19. UNDERTAKER ROY W: 10 (Address) Quillers	arbeil	24. Was disease or injury In any way related to occupation of deceesed if so, spacify	1200
20. FILEO. June 19, 1937. Co	Barnsley Registrar.	(Signed) Olas Osmuble (Address) Bandy Soria	257 M.
If more bl		2411 N. Charles Street, Baltimore, Requesting U. S. No.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		ditte.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

-WRITE PL/

V. S. No. 1

1. PLACE OF DEATH	93-0
County Montgony	Registration Dist. No. 218
Village or City Saryantour Ly	No. R. F. D. St. Ward
70 -	If death occurred in a hospital or institution, give its INAME instead of street and number)
Length of residence in city or town where eeth occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // allan Maron	If U. S. Veteran, specify WAR
(a) Residence: No. Commontation Image (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
Sa. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That ettended deceesed from
2 / 11/15	Ufr26, 19.37, 10 Ofr 29, 193)
6. DATE OF BIRTIf (month, day, and yeer) March 1-1867	I lest sew h elive on
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated above, at
ormin.	were es follows:
Trede, profession, or perticular kind of work done, as SPINNER	allro Alkaous Dans
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and	Poralyeed on up 26/37 -
a work wes done, es SILK MILL	
SAW MILL, BANK, etc	-
this occupation (month and spent in this 5.07	
2	Other Contributory Causes of Impartance:
12. BIRTHPLACE (city or town)	Cky my ocardetes Dans
	- 7 Muon
13. NAME CORY MASON 14. DIRTHPLACE (city oldwn). Marthyra CO	no projection in action
14. DARTHPLACE (city o (town) 2 sandyout 60	Name of operation.
(State of country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Henrote Cocks 16. BIRTHPLACE (city or town) Manufyor CO	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
6 16. BIRTHPLACE (city or town) Money CO	Accident, sulcide, or homicide? Date of Injury, 19
E (State or country) Traff	Where did Injury occur?
17. INFORMANTALLY INCOME	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) formantan 2ml	no
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place I roundown haf Dalga / 197	Nature of injury
19. UNDERTAKER Roll W Barlon	24. Was disease or injury In eny way releted to occupation of deceased?
(Addiess) & aithersbury mel	If so, specify
20, FILED June 7, 1937 Olver S. S. J. Owke	(Signed) Il Jacker M. D.
Registrar.	(Address) / Lauthersburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage 1937	July 5, 1927	Peritonitis	3 days ago		
BUREAH V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	ST	ATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	----	----------	----	-----------

1. PLACE OF DEATH	(107)
WITHINGOUNTY MONTGOMESS	Registration Dist. No. 223
Village or City Lake ma Park ma	No. Washingto San + Hastalut Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME & Mable Mr Cllister	If U.S. Veteran specify WAR
	go sind Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 2 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Yelr)
HUSBAND of (or) WIFE of	22. I HEREBY CERTHEY, Thet I ettended deceesed from
10	- May 31 , 1937, to June 2 , 187
6. DATE OF BIRTH (month, day, and year) 100. 20, 1923	I last saw HOCY alive on June 2, 1937; deeth is seld
7. AGE Years Months Days If LESS than	to heve occurred on the date stated abova, atm.
13 years 6 14 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance work of follows: Date of onest
8. Trede, Trofession, or particular	17
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	frouchofmeumonia /18/3
khad of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL BANK HELL	
U 10 Pate deceased last worked et 11 Total time (veers)	
this occupation (month and spent in this year)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Malte On 1	Other Courses of Mortance:
12. BIRTHPLACE (city or town)	seure organ vara
E 13. NAME TANA . MA CO. to	
13. NAME Harace Mc alistor	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en eutopsy 10
# 15. MAIDEN NAME Curie Rever	23. If daath was due to externel causes (VIOL ENCE) fill in elso the following:
E CONTROL VI	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Wath Carolina (State or country)	Where did injury occur?
Wal to do	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANTU Ahmalan Saw Al Corta	openly whether injury occurred in NEDOSTKI, in HOME, of the OBEIG FEAGE,
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Place Nosh Date 4/2 , 19.3	Nature of injury
was well for	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) 1400 - Chase	If so, specify AAA
0 000	(Signed It / Mikkelyen M.D
20. FILED June 2, 19. 37 % . 6 . Ko glad	(Address Takoma Part Md.

V. S. No. 1

hation should be carefully supplied.

WRITE PLAINLY

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A. S. A. S. S.	

ADDITIONAL	SPACE I	FOR	FURTHER	STA	TEMENTS	BY PHYSICIA	IN
------------	---------	-----	---------	-----	---------	-------------	----

STATE OF MARYLAND-	CERTIFICATE OF DEATH 6771
1. PLACE OF DEATH	(A)
County Mantgomery	Registration Dist. No. 223
THE CORPORATE LIMITS OF	No. Washington Southarion + Xospist, Ward
Village or City la Koma Dark	If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera death occurredyrsmo	s9_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. William B Mc College	L 1f U. S. Veteran, specify WAR
(a) Residence: No. 3477 Holmead Pl. W.W.	St. Ward. Washington, D.C.
(Usuaf place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED ("price the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF (or) WIFE of Mrs. Emma E. Mc Callorate	22. f HEREBY CERTIFY, That I attended deceased from
Mrs. Ema G. Mc Collough	- 19-21., to
6. DATE OF BIRTH (month, day, and year) May 8, 1871	I last law h im aliva on June 1 8 V , 19 37; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
) (6 1 (f day, -9 hrs.	was as fallows:
8. Trade, profassion, or perticular	Date of onset
8. Trade, profassion, or perticular kind of work dona, as SPINNER, Pagaired Surniture SAWYER, BODKKEEPER, atc	Hypertrophied prostale 1/2
9 Industry or business in which	TOM O TOTAL
work was dona, as SILK MILL, SAW MILL, BANK, etc	- Could stouth
10. Oate decased last worked et this occupetion (month and) (c. 1936) spant in this 20 year)	Cause & Hacel, of long-standing fractive : not Brown.
year) Dec. 1936 Spant in this 20 gr	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Atlanta, Qeorgia	Germinal Dehticemen
(State or country)	Tlearisty with essusion
🖀 13. NAME	Bachus It Lumbar West & traumatic
14. BIRTHPLACE (city or town)	aneurism of abd. aprila.
(Stata or country)	Whet tast confirmed diagnosis?
55. MAIDEN NAME	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
E	Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town)	Where did Injury occur?
	(Specify city or town, county and State)
17. INFORMANT Weshington Sanit 4rium UKROVAS	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Therefrecture, which was not a direct cause of seath over of
(Address) Tanas Vark, ma	Menner of Injury and standing Cause & Horse : Not known
Plece Waspiriston Det. Date 6 - 19 1931	
1 10000	Nature of Injury Quisin.
19. UNDERTAKER W. Kambes 9.	24. Was disease or injury in any way related to occupation of daceased?
(Address) 5/7-184 36.5E-94001.1	If so, specify
20, FILED LINE 19 193) HE Hoger	(Signed)
Registrar.	(Address) Thanks (Ohle he

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	100000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroepteritis	1 year
		1111	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 6772
1. PLACE OF DEATH	(59)
County Man & Muley	Registration Dist. No. 214
Village or City "Waruly" hen Kochull	Table to the total training t
	death occurred in a hospital or institution, give its NAME instead of street and number)
1, ·	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Manue W. /hac Jura	If U. S. Veteran, specify WAR
(a) Residence: No. "wavesly"	St.,Ward
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 18 193 37
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Nov. 8, 1873	l last saw h. A. alive on June 17 19.37 death is said
6. DATE OF BIRTH (month, dey, end year) / / / / / / D 3	to have occurred on the date steted above, at 745 A.m.
63 7 10 1day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance
101min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Wained Musel SAWYER, BOOKKEEPER, etc.	Chiesto rant farme
Aind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Coince a landa Desch 1 1977
9. Industry or business in which work was done, as SILK MILL, Warule, Sawalini	3200 WWW. / MARCH 1, 173
10. Date deceased last worked et this occupation (month and 3/1/37) spent in this occupation occupation	
SIDELLIN GENERAL SE	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Start Language (State or country)	loss of al atheres - Lives
13. NAME Charles Mackie has Grown 14. BIRTHPLACE (city or town)	Diabetes, miloly, several got
I4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy? 4 44
15. MAIDEN NAME Maname brilliam son	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) 2 my tom.	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Min / Hande (++++++++++++++++++++++++++++++++++++	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cap Hell De Date June 191937	Nature of Injury
19. UNDERTAKER W. Reubre Ruphria	24. Was disease or injury In any wey related to occupation of deceased?
(Address) Ruckville and	If so, specify
20 FILED June 19, 19.37 Margaret C. Tremean	(Signed) Canal (VIV) M. D. (Address) 18 24 - Mass. an. Lindin DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	3 //	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephrais	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	13
1. PLACE OF DEATH	93,0	
County Montgomen Co	Registration Dist, No. 2	,
Village of City Theestwetch Forest	No. 5 702 - Menturoval Rd. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurredyrsmos.		
2. FULL NAME Forest Tumball Monday	polly If U.S. Veteran specify WANGER Was	
(a) Residence: No. 5 70 2 - Mintwood R	of St. Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR, RACE ORDIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	1937 (Year)
5a. If married, widowed of divorced HUSBAND of Corp. WIFE of Clegabeth Dolbean	22. HEREBY CERTIFY, That I attended de Sunt 15 1936 to Juril 19	eceased from
6. DATE OF BIRTH (month, day, and year) May 15, 1896	I last saw here elive on June 19 , 1937 ;	death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 5m.	
4 / A A A A A A A A A A A A A A A A A A	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	0.1.16
8 Trade, profession, or particular kind of work done, es SPINNER Salesman SAWYER, BOOKKEEPER, etc.	(17 0 - 010 000 1 7 1	Date of onset
9. Industry or business in which work was done, as SILK MATHORING CO.		
O. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Unicago Ill (State or country)	Other Contributory Canses of Importance: Active Condese delatalem	6 mos
13. NAME Forest Still Montgomery		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	Whet test confirmed diagnosis? Was there an au	topsy? 700
15. MAIOEN NAW ate Kimball	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Wisconsin -	Where did injury occur?	
17. INFORMACIOS & lisabeth Di Stimball (Address) 570 k. Minturval Rd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Placebolingloss Mat Date June 21, 1937	Nature of injury	
19. UNDERTAKER THE SALVANIA CO- (Address) 290114 AV N. U.	24. Was disease or injury in any way related to occupation of deceased?	20
20. FILEO 6 79, 19.3. 7 68. 2. P. D. Registrat.	(Signed) Pana Dess (Address) The Keares an Wash	M. D.
If more blanks are needed, address State Begistrar.	2411 N. Charles Street Baltimore Requesting 71 S. No. v.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentaritis (1)	1 year
		(B & C)	

STATE OF MARYLAND	CERTIFICATE OF DEATH 6774
1. PLACE OF DEATH	92-00 (1)
County Montgomen	Registration Dist. No. 223
Village or City a Kowa Dark	No. Washinston Soutarions & Hospith Word
(If	death occurred in a hospital or institution, give its NAME instead of street and number) 2.3 ds. How long in U.S. if of foreign birth?
2. FULL NAME Mys mas deline newman	If U. S. Veteran, specify WAR
(a) Residence: No. Shadow mists, R.F.D. (Usual place of abode)	St., Ward. Saunders town, Rhode Island If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrightha word) VIGYY: LA	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Ovi 5 Mewman	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 14.1876.	I lest saw h. L.Y. alive on June 20, 1937; deeth is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete steted above, at
6 1 day, 4 hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this coveration (month and the country of the same than the country of the coveration (month and the country of th	Clortic Stenosis The
SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation 3 8 4 25	
12. BIRTHPLACE (city or town) South Kingstown, Rhode Island (State or country)	Other Contributory Causes of Importance:
II 13. NAME George A Spink	
13. NAME George A Spink 14. BIRTHPLACE (city or town) Waiwick, R. J. (Stete or country)	Neme of operation
IS. MAIDEN NAME Sucie Gardner	23. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Locie Jardner 16. BIRTHPLACE (city or town) Seuth Kingstown, R.J. (Stete or country)	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT Washington Sanitarium Records (Address) Jakona Park Md	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR/REMOVAL) Plece Wash. Deto June 2/, 1937	Manner of Injury
19. UNDERTAKER OS Gawley Sour	24. Was disease or injury in eny wey related to occupation of deceesed?
20. FILED LINE 2 187 HER LONG	(Signed) Lead 11 Cally EV. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage Other contributory causes of importance: Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	Example I		Example II		
Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5,1927 Peritonitis	mportance were as follows:				
Cerebral hemorrhage July 5,1927 Peritonitis				1 week ago	
	onic interstitial nephritis	1921	Run over by street car	1 week ago	
Other contributory causes of importance: Other contributory causes of importance:	ebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Other contributory causes of importance:					
	er contributory causes of importance:		Other contributory causes of importance:		
Gallstones May 1,1923 Gastroenteritis	lstones	May 1,1923	Gastroenteritis	1 year	
medianian de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya della companya de la companya de la companya de la companya della companya de la companya de la companya de la companya della companya dell			10		
6 3022			6 7000	-25-	

N. B.

1. PLACE OF DEATH	
County Monty	Registration Dist. No. 2/2
Village or City Nearl Deckerso	No. St. Ward
Length of residence in city or town where death occurredvrsmo	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Unnamed Still	Des less mos
	- 4 - CG (
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 22 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH ()	19 7, tog 2 , 19 7 , 19 7 , 19 7 , 19 7 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 4.30 m.
O B O I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	mothy about 1 Date of onset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	at 6 webs
9. Industry or business in which work was done, as SILK MILL, SAW MILL PANK AND	
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and year) occupation	
7	Other Contributory Causes of impostance:
12. BIRTHPLACE (city or town) (Stata or country)	-huhnywn
13. NAME attle and y	
14. BIRTHPLACE (city or town) beker	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sathrype bashington	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Hothryn W Unity (Address) Lukeryn	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ,19	Nature of injury
19. UNDERTAKER	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address)	If so, specify
20. FILED. U/13, 19 3/ EW, Who	(Signed) M, D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 111 8 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6751
1. PLACE OF DEATH	
County Montgon Co	Registration Dist. No. 2/8
Village or City Example Transmit	No. R. H. D. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME William Pass	If U. S. Veteran, specify WAR
(a) Residence: No Engry Property	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Month) (Day) (Yaar)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mary Ross	22. I HEREBY CERTIFY. That I attended deceased from Ofr 1937, to June 2, 1937
DATE OF BIRTH (month, day, and year) 7 1880	I last saw h. him alive on June 1 M, 19 J.); death is said
AGE Years Months Days If LESS than	to have occurred on the data stated above, at
57 10 27 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	Severa wastaca Date of onest
kind of work dona, as SPINNER, A of of	o valvulas heart lelion Donk
kind ol work dona, as SPINNER, SAWYER, BOOKKEFER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data decassad last worked at being occupation (months and	Phonephritis 2 m
10. Date decaesad last worked at this occupation (month and 527	1
this occupation (month and 1927 spent in this occupation 107	
2. BIRTHPLACE (city or town) Inouten co	Other Coutributory Causes of importance:
(State or country)	Ku
14. BIRTHPLACE (city or town) 2 m. Kerry	
14. BIRTHPLACE (city or town) 2 market	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy? &
15. MAIDEN NAME Mary Patts	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Zhion (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Whera dld injury occur? (Specify city or town, county and State)
7. INFORMANT Mary Costs (Address) Lauhurale 7-1	Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OF BEMOVAL	Manner of Injury
Place Sana 1997.	Nature of injury
9. UNDERTAKER Roy Markers	24. Was diseasa or injury In any way related to occupation of deceasad? 11 so, specify
20. FILED June 4, 19 37 alserta JL varke	(Signad) In Barket M. B. (Addrass) Lawker y
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and later causes Date of onset of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	
Cerebral hemorrhage	July 5,1927	Peritonitis O, Saliys ago	
		TEAD 1	
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 1 year	

FOR BINDING

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E WITH UNFADING INK-THIS IS A PERMANEN See instructions on back of certificate. TION is very important. -WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	8270
County Menty among	Registration Dist. No. 2/6
Village or City Churcy Chare ma	No. 6804 Meadow fane St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME / PUL V 1000 A	Y If U.S. Yeteran specify WAR.
(a) Residence: No. 4804 Meadow Lune	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (quite the word)	21. DATE OF DEATH
Male While Widow	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced	22. I HEREBY CERTATY, Thet I attended deceased from
Contributed Trancest. Toundy	1927 to TUNE 2/5 1937
6. DATE OF BIRTH (month, day, end year) 0m - 8 1884	I last saw h 1 2 alive on TUNE 12 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.45 m.
53 6 /3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
2 Trade profession or particular	arebrae Hemorras Date of onset
SAWYER, BOOKKEEPER, etc	6/21/37
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STINNER, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and	7
SAW MILL, BANK, etc	
this occupation (month and 1936 spant in this 25 year)	
O >	Other Contributors Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	allino derous lesta 1917
	Hypersenter
13. NAME (alph White land)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME // ara J. Minelly of	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Maia Bereil of	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CONTROL OF MISSIEM LONG St. Characher	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	
Place Northinglan DE Date 6/21 1937	Menner of injury
2/1/2/2/0	Nature of injury
19. UNDERTAKER UM ST. Organo	24. Was disease or injury In any way related to occupation of deceased?
(Address) PON IX DA IN BOWN	If so, specify
20. FILED Jame 21-, 193) Thomas (Comad	(Signed) M. D.
V Registran	(Address) - 6 - 6 - 6 - 7 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis : EC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JV	July 5, 1927	Peritonitis	3 days ago
RIXI	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		A SOL		

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
---------------------------------	--------------	-----------

PHYSICIANS should state of OCCUPA-JRD. Every item of infor-Exact statement AGE should be stated EXACTLY. properly classified. H UNFADING INK-THIS IS A PERMANEN See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

B.-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		199)		
County Moulgan	rey.	Registration Dist. No. 2/	7	
Village or City Olivey		No. Mout gomers County South	number)	
Length of rasidanca in city or town whar	1 + 0 1	ds. How long In U.S. if of foreign birth?yrsm	losds	
(a) Residence: No. Beth	enda, md. Ir	If U. S. Veteran, specify WAR	V	
PERSONAL AND STATIS	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	Diate	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
Ferrale white	OR DIVORCED (write the word)	Jusse (Month) (Day)	., 193 7 (Yaar)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attanded Quene 28		
i. DATE OF BIRTH (month, day, and year)	1, 1934	I last saw has allva on June 28 , 19.37		
r. AGE Years Months	Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 Trade numerolon or particular	or S. min.	were as follows:	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Luxant -	Oram desa	-	
9. Industry or businass in which	0	/		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		67765		
10. Date decaased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation			
	rey, md.	Othar Contributory Causes of importanca:		
	Landers			
13. NAME M. Carroll 14. BIRTHPLACE (city or town)Car (State or country)	tharpin Na.		-	
	lina Ready	What tast confirmed diagnosis? Was thare an		
15. MAIDEN NAME The Sy 16. BIRTHPLACE (city or town) (Stata or country)	Rughy No	23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicida?	•	
17. INFORMANT Houp records. (Address)		(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	ent Pate 1 Jane 30, 1937	Manner of Injury		
19. UNDERTAKER AUTONIA (Address)	funghey	24. Was disease or injury in any way related to occupation of decaasad?		
20. FILED June 29, 1937.	SBarnsley Registrar.	(Signed) Sandy Spring	m. M. I	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RROS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 6 1937	1 year
		BUREAU	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		82-0
County Montgomens		Registration Dist. No. 223
Village or City Bloome	Pek. md	No Osquego and St., War (If death occurred to a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurred 40yrs.	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Joseph	Bradbu	y Stanley If U. S. Veteran, specify WAR
(a) Residence. No. osquega	(Usual place of above)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
M White	or Divorced (with	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salvel	Stanley	22. I HEREBY CERT1FY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	186to 6	I lest saw h; death is sa
7. AGE Years Months	1 day,	SS than to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	inter-Reter	af. Apartetis stoke (2)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	relf.	Ryputenen
10 Date deceased last worked at this occupation (month and year)	11. Total time (year spent in this occupation	50 g/s
12. BIRTHPLACE (city or town)	· S. C.	Other Contributory Causes of importance:
I 13. NAME Joseph Sla	uley,	
13. NAME Joseph Sla 14. BIRTHPLACE (city or town) (State or country)	hungla	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Ses auxa	Wilson	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME SUS auxa 16. BIRTHPLACE (city or town) (State or country)	Va	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Deeph 13.	tanley &	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wash . S. C.	Date June A	Manner of injury
19. UNDERTAKER W. W. Cha. (Address) Wash.	subus 6	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 10 , 1957 Af	Logers	(Signed) Musika Megistrat. (Address) 118 - Levall Lac. 0.1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
		/ JUL (PO)	

-WRITE PLA

Z

1. PLACE OF DEATH		124-9	0
County Montgomery		Registration Dist. No. 3/	3
Village or City Rockvill	e	Np. St.	Ward
	CCMOLL!	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where dea		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Alice	Quinn Stewart	If U. S. Veteran, specify WAR	
(a) Residence: No. Lock	sille	St., Ward.	1.0
	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTIC		21. DATE OF DEATH	
Female 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	June 21 (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, on divorced HUSBAND of (or) WIFE of Cycle	Shwart	22. I HEREBY CERTIFY, That I ettende May 10 ,19 37, to June 21	
6. DATE OF BIRTH (month, day, and year)	Aug 17. 1879	I last saw h.e.r. alive on June 20, 19.3	7.; death is said
7. AGE Yeers Months	Deys If LESS than	to have occurred on the dete stated above, at 8.55AM	
58 10	4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (years) spent in this occupation ord, Penna	Other Cantribulary Causes of importance:	S
(State or country)	oru, rema	Hypostatic Pneumonia	
H 13. NAME John Quin			
14. BIRTHPLACE (city or town)(State or country)	Scotland	Neme of operation Date of What test confirmed diagnosis? Was there a	Ves
# 15. MAIDEN NAME Isabell	e Livingston	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the follow	ing:
16 PIDTUDI ACE (eity or town)	land	Accident, suicide, or homicide? Dete of injury Where did injury occur?	
17. INFORMANT Daughter Ro	J School mol	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	itate) PLACE,
18. BURIAL, CREMATION, OR REMOVAL Gauplace Rockvelle - md	Date June 24, 1937	Manner of injury	
19. UNDERTAKER WM. Peuby (Address)	Physhery will may	24. Was disease or injury in eny way related to occupation of deceased?	0
20. FILED June 24, 19 mm		(Signed)	M. D.
	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	=11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL
--

TION is very important. See instructions on back of certificate.

-WRITE PLAINLY,

V. S. No. 1

18	ady	0	6
0	7	0	6

1. PLACE OF DEATH		(a5P)	
County Montroomer	c)	Registration Dist. No. 2	5.5
Village of City	in Pla Mal		
Village of City	ac 11. 111 a	No. A Cample Cure St., f death occurred in a hospital or institution, give its NAME instead of street and	l number)
Length of residence In city or town where	death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrs	mosds.
2. FULL NAME Mines	wa Stowe	CC If U. S. Veteran, specify WAR	
		St Ward.	
	(Usual place of abode)	If nonresident give city or town ar	d State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JUNE 5	7 (Year)
5a. If married, widowed, or divorced			
(or) Wife of John St.	owell	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, end year)	00-15-1849	I last saw h alive on	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
87 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0.4
8. Trade, profession, or particular kind of work done, as SPINNER,		Next taclare	Data of onset
SAWYER, BOOKKEEPER, etc.	none	Uttlesspleatie Neart	
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at		Willen	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	f	Other Contributory Causes of importance:	
13. NAME Melan	Nam Just		
E	van Luge		
14. BIRTHPLACE (city or town) (State or country)		Neme of operation Date of_	
	P	What test confirmed diagnosis? Was there an	
E		23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town) (State or country)	Tich .	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Muss, Ving	ma Grove	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ate) LACE.
(Address) 1, W, C-	· · Wash Die,		
Place It willow	Date June 8 , 1937	Menner of Injury	
19. UNDERTAKER W. M. Cha (Address) 1400 Chafe	mbers 6.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED JUNIU 5, 19.37	Registrar.	(Signed) June August Michael August (Address) 1/8 Care (Address)	M. D.
If more		2411 N. Charles Street, Baltimore, Reducing & S. No. L Pack	md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	łi -	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYLANI	D-CERTIFIC	ATE	OF	DEATH
---------------------------------------	-------	----	----------	------------	-----	----	-------

1. PLACE OF DEATH	49-8
County / Moulgoury	Registration Dist. No. 2/6
Village or City Theil Eally Health	NoStWard
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME CMA May Sully	If II S Votoron enocify WAD
	If U. S. Veteran, specify WAR
(a) Residence: No. This Sello Tregulo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
\$a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Junas G. Sullwan.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) A complex. 2.21884	I last saw her alive on Lifeth 5 1, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 2 m.
52 5 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ware as follows: Date of onset
6 SAWYER, BOOKKEEPER, etc. Thuse wife	arenous M Vulva
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
2 this occupation (month and	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) - E Su Y. M.P.	
(State or country)	
13. NAME Mallon Beam 14. BIRTHPLACE (city or town) - Ess Essey	a power
14. BIRTHPLACE (city or town) & Ess Jersey	Name of operation stupation of Well Date of 1730
(State or country)	What test confirmed diagnosis? Lathologic let was there an autopsy? 100
15. MAIDEN NAME - Cicloling The Skaw	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Thomas Co. Sullivan	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address) They Ocho Highlo-nd	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oluman, Date Vint 8, 193/	Nature of injury
19. UNDERTAKER UM, Peuben Timbery	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bolkville This	If so, specify
37 B CRange my	(Signed) G. D. Dayusfuld M. D.
20. FILED 6 () 19 19 () C V XVVIII Y 1 C (Registrat.	(Address) But all miles

V. S. No. 1

ż

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement.—Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 9, 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNEAU	- 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN	r
MUNITIONAL	SI ACE	LOIL	L OKTHER	SIMILIMIE	$\mathbf{D}_{\mathbf{I}}$	LHISICIAN	1



STATE OF MARYLAND—CERTIFICATE OF DEAT

1. PLACE OF DEATH County Montgomery	47-B Registration Dist. No. 223
IN CORPORATE LIMITADE	
Village or City 19Xoma 19rK, 1910	No. St., Wi (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME MARY E. TURNE! (a) Residence: No. 21 Philadelphia (Usual place of abode)	Corst, Ward. Takomakak ml If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) , 193 7 (Year)
a. If married, widowed, or divorced	(month) (bay) (tbal)
HUSBAND of John William Turner	19.36 to June 2 193
DATE OF BIRTH (month, day, and year) 6-17-73	I last sw h = 2 alive on J
. AGE Years Months Days If LESS tha	to have occurred on the data stated abova, at 12, 20 m.
63 11 12 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importants
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, /- OUSE NIFE	(19
9. Industry or business in which	<i>—————————————————————————————————————</i>
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this year)	
2. BIRTHPLACE (city or town) Perry 1444, Md (State or country)	Other Contributory Caused of Importance:
	<u> </u>
13. NAME George W. Penn 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country) ///avg /ava	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary E Mc Cally 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Maryland	Where did injury occur?
7. INFORMANT Donald L. Turner (Addrass) - Takana Park Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Takona Park, Md 8. BURIAL, CREMATION, OR REMOVAL	
Place All-Saints, Date June 5,193	7. Nature of injury
O HADEDTAKED J. F. Eline & Some Inc	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER V. I. THE BUSHING. (Address) Reisterstown Mo	If so, specify
- 4(2)	
0. FILED (me 2 , 193) To Stogers	(Signed) VI M A

V. S. No. 1

ECORD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

WRITE PLAINLY,

B

MARGIN RESERVED FOR BINDING INFADING INK-THIS IS A PERMANENT

AGE should be

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	•	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		RA	

FOR BINDING

V. S. No. 1

ż

1. PLACE OF DEATH	
County Marytypmers	Registration Dist. No. 223
N CONVINIAGE OF CITY State and Parke M	
Things of one stage of the same	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Stufes	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Unnamed Balus	walker If U. S. Veleran, specify WAR
(a) Residence: No. Jufant of Frankt	mildred Walker Balland No
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID	OWED, 21. DATE OF DEATH
OR DIVORCED (write the	193
5a. If married, widowed or divorced	Stellborn (Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
(61) 1112 01	6-30 1937 10 6-30 1937
6. DATE OF BIRTH (month, day, and yaer) Luce 30, 193'	7 last saw hours We alive for land 19 death is said
	S than to heve occurred on the date steted above, at 1/30 m.
	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	min. ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Till las
4 9 Industry or businass in which	Do dan I the
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Command the
U 10. Dete deceesed last worked at 11. Total tima (years)	Media
this occupation (month and spant in this occupation	
John Park Mad	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Frank Walker 14. BIRTHPLACE (city or town) Betherda, Md	
4 14. BIRTHPLACE (city or town) 1 Setherale, md	Name of operation Dete of
(Stata or country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Wildred Sharms 16. BIRTHPLACE (city or town) Middletanname (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Middletown	Accident, suicide, or homicide?
(State or country) Maryland	Whare did injury occur?
17, INFORMANT Wash tru Sail Rec	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	734.3C.
18. BURIAL, CREMATION, OR REMOVAL	5 A Manner of Injury
Plece March - Cultur My Date July	, 19
to the last of the last	24. Was diseese or injury in eny way raleted to occupation of decaased?
19. UNDERTAKER M. Activities (Address)	found It so, spacity
2726	(Signed) Cad H Cleven
20. FILED 1111 , 19 3 / 0.6 . 10 96	Massona Tarlo no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECO	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroente itis	1 year
		1800	
		NA NA	

1. PLACE OF DEATH	(210-m)
County Montgomery Village or City Dakerman Park, Md (H	No. War him at a Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	/_/_ds. How long in U.S. bot foreign birth?yrsds.
2. FULL NAME Emanuel Walton (a) Residence: No. 122 - Maple Que. Takona (Usual place of abode)	If U.S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 , 193 7 . (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sessie Carr Walton (Deceased) 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended deceased from 1937 to June 22 1937 I last saw h i 2 alive on June 2 1937; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work was done, as SILK MILL.	were scollows: Score of the Occipital region frame! Lesult of auto accident churches. Continuous + laceration of byfain
SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month and year)	3. Tractive of the Structure of importance:
12. BIRTHPLACE (city or town) a a d a	Pulmonary edema + kurday
13. NAME William Walton	Confection A
13. NAME William Waltons 14. BIRTHPLACE (city or town) Canada (State or country)	Name of operation Date of What test confirmed diagnosis had hunclus Was there an autopsyles
置 15. MAIOEN NAME ?	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homioloccident. Date of injury une 1/19.3. 7 Where did injury occur? Jakoma Park, hea
17. INFORMANT Washington San Records.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Aristory of veing Struck in auto truck
18. BURIAL, CREMATION, OR REMOVAL Place Wash. Men. PK Octo 6-24, 1937	Manner of injury devere head injury
19. UNDERTAKER N.W. Chambers (Adgress) 1400 Chapen 80. N.W.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED June 22, 10) AS Project	(Signed) lad n. Clevar u. S.M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLATNLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

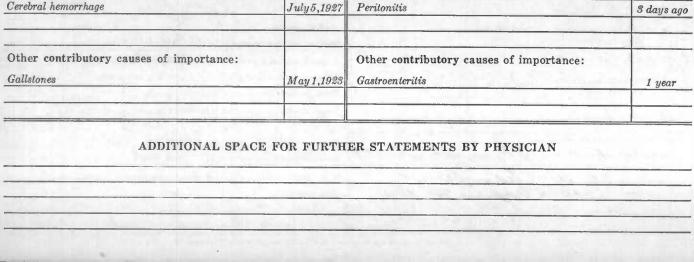
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	t t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



TION is very important.

B.-WRITE PL.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	Silling	0	No.
6	6	0	6
-		0	00

1. PLACE OF DEATH	119
County Montgomeres	Registration Dist. No. 2/3
Village or City Treas Rockwille	NoNoSt Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmo	sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Joseph Mullians	If U. S. Veteran, specify WAR
(a) Residence: No. Rochwells, I	-St., T-Wald.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (word)	21. DATE OF DEATH June / 102 7
That would bengle.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22 I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 20, 1936.	I last saw h. Law. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, e.gm.
7 /2 1 day,hrs.	were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	acute dearrher peofolly may
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	dysenterist / 1937.
SAW MILL, BANK, etc	
this occupation (month and spentin this occupation occupation	
P. 0 10.	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
7 77 79 79 79 79 79 79 79 79 79 79 79 79	- Malnulellay -
13. NAME TILL HILLIAM ROCKING .	
4 14. BIRTHPLACE (city or town) May Kolkerly.	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsyllar
15. MAIDEN NAME July Drown	23. If deeth was due to externel couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME July Stores 16. BIRTHPLACE (city or town) Please Sandy Storegy (Stote or country)	Accident, suicide, or homicide?Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mulliams, Richall (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Morbical Mrs Oate Jane 2, 1937	- Nature of Injury
112. 510. 11	3. /
19. UNDERTAKER Washing a Welsing him	24. Wes disease or injury in any wey related to occupation of deceased?
27 20 71.7 0 =	If so, specify
20. FILED 62-2-, 193/ Mrs. W.J. Diael	(Signed) Rockwell 2
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteritis	1 ye

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(§)			
County Montgon	nery	Registration Dist. No. 2//			
Village or City JuraGum		NoSt.,_St.,			
Length of residence In city or town where death or	ccurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.		
(a) Residence: No.	Purdum In	If U. S. Veteran, specify WAR			
	Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH			
	NGLE, MARRIED, WIOOWED, DIVORCED (write tha word)	21. DATE OF DEATH LUNE 19 193	7 ear)		
5e. If merried, widowed, or divorced HUSBANO ol (or) WIFE of		224 I HEREBY CERTIFY. That I attended decaased from			
6. DATE OF BIRTH (month, dey, and year)	ne 19,1937	Hast sew here alive on Read June 19, 19, 37; deeth	37		
7. AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, at 41 15 a.m.	-3 3410		
Stillba	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and elated ceuses of Importence ware as follows:	of onset		
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	one	Prosentation Trom Breech			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
10. Lete deceased last worked at this occupation (month and year)	11. Total tima (yaars) spant in this occupation				
Purker	1.11.	Othar Cantributary Causes of importanca:			
12. BIRTHPLACE (city or town)	and o o				
1 91/	dge Hrodfield				
13. NAME Sell Classe 14. BIRTHPLACE (city of town) Mr Word	Weeld.	Name of operation Dete of			
(State or country)	1 and	What test confirmed diegnosis? Was Ihere an aulopsy?	no		
15. MAIDEN NAME Violet Lee	Deall	23. If daath wes due to external causes (VIOLENCE) fill in elso the following:			
16. BIRTHPLACE (city or town) Mr. Cle (State or country)	icksburg mid	Accident, suicide, or homicide? Date of injury, 19			
17. INFORMANT Joseph Eldsid	gettroffield	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
18 BURIAL, CREMATION, OR REMOVAL O Recussing ME Constany Oak	· June 20 , 1937	Menner of Injury			
19. UNDERTAKER B. Beall (Address)	Ine	24. Wes disease or injury in any way related to occupation of decaased?			
20. FILEO Juni 20., 1937. Wills	W. Burdette	(Signed) Leage M. Joyer (Addrass) Damasous, md	M. O		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nenhritis 1921 Run over by street car Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastrocnteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------